

INDIVIDUAL SCHOOL PARTICIPATION Annual RECAP FORM

YEAR: _____

Division: ___ High School ___ College

Sponsor – Complete form and forward to NEF National Administrator by **11:30 PM ET on the First Monday in April.**

NEF National Administrator:

Name: _____

Address: _____

Email: _____ Phone #: _____

Sponsor Name: _____

Region: _____ (Per Map in Guidelines)

Administrator: _____

Phone: _____ Email: _____

Contestant Name	Code <small>(as specified on Page DD2-6 of Guidelines)</small>	Registered	Judged	Incomplete (Not Judged)
Total # of Participants:				

(Submit this form to the National Administrator)